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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE NOV 08 2007

Applicant: Donald P. Bushby )  
Serial No: 10/817,172 ) ART UNIT: 3772  
Filed : April 2, 2004 ) Examiner: Tarla R. Patel  
For : SYSTEM FOR TREATMENT OF PLANTAR FASCIITIS)

**Via Fax to**  
The Hon. Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22303-1450

November 8, 2007

Sir:

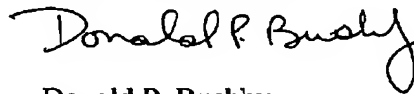
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This 2 page fax includes a revocation of power of attorney, which has been previously faxed on October 15, 2007. I am requesting this be entered into the record. FAX number for confirmation is 713-228-2071

Respectfully submitted,



Donald P. Bushby  
Applicant

PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0951-0035  
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|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/817,172        |
| Filing Date            | 04/02/2004        |
| First Named Inventor   | Donald P. Bushby  |
| Art Unit               | 3772              |
| Examiner Name          | Tarla R. Patel    |
| Attorney Docket Number | Plantar Fasciitis |

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☐ A Power of Attorney is submitted herewith.

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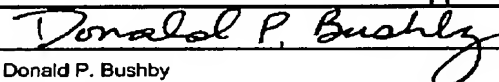
|   |                   |       |                   |     |       |
|---|-------------------|-------|-------------------|-----|-------|
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**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |   |           |              |
|-----------|---|-----------|--------------|
| Signature |  |           |              |
| Name      | Donald P. Bushby  |           |              |
| Date      | October 15, 2007  | Telephone | 713-299-7263 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

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